

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: Boulos Estafanous CASE NO. 17-09908

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending 3/29 - 3/31, 20 17

BEGINNING BALANCE IN ALL ACCOUNTS \$ 179.00

RECEIPTS:

1. Receipts from operations \$  
2. Other Receipts \$ 100.00

DISBURSEMENTS:

3. Net payroll:  
a. Officers \$  
b. Others \$

4. Taxes  
a. Federal Income Taxes \$  
b. FICA withholdings \$  
c. Employee's withholdings \$  
d. Employer's FICA \$  
e. Federal Unemployment Taxes \$  
f. State Income Tax \$  
g. State Employee withholdings \$  
h. All other state taxes \$

5. Necessary expenses:  
a. Rent or mortgage payments(s) \$  
b. Utilities \$  
c. Insurance \$  
d. Merchandise bought for manufacture or sale \$  
e. Other necessary expenses (specify)  
\$  
\$  
\$

TOTAL DISBURSEMENTS \$ 0.00

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD \$ 100.00

ENDING BALANCE IN ABC Bank \$ 270.00  
(Name of Bank)

ENDING BALANCE IN                    \$          
(Name of Bank)

ENDING BALANCE IN ALL ACCOUNTS \$ 270.00

OPERATING REPORT Page 1

EXHIBIT "B"

IN THE UNITED STATES BANKRUPTCY COURT  
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CASE NAME: Boulos Estafanous CASE NO.:17-09908

RECEIPTS LISTING

FOR MONTH ENDING 3/29 - 3/31, 2017

Bank: ABC Bank

Location: Bensenville, Illinois

Account Name: Boulos Estafanous

Account No.: XXXXX0364

<u>DATE RECEIVED</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
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3/31/2017	Deposit	100.00
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TOTAL: 100.00

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

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CASE NAME: Boulos Estafanous CASE NO.: 17-09908

**DISBURSEMENT LISTING**

FOR MONTH ENDING 3/29 - 3/31, 2017

Bank: ABC Bank

Location: Bensenville, Illinois

Account Name: Boulos Estafanous

Account No.: XXXXX0364

<u>DATE DISBURSED</u>	<u>CHECK NO.</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
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TOTAL: 0.00

You must create a separate list for each bank account from which disbursements were made during the month.

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IN THE UNITED STATES BANKRUPTCY COURT  
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CASE NAME: Boulos Estafanous

CASE NO.: 17-09908

FOR MONTH ENDING 3/29 - 3/31, 2017

**STATEMENT OF INVENTORY**

Beginning inventory	\$ <u>0</u>
Add: purchases	\$ <u>0</u>
Less: goods sold (cost basis)	\$ <u>0</u>
Ending inventory	\$ <u>0</u>

**PAYROLL INFORMATION STATEMENT**

Gross payroll for this period	\$ <u>0</u>
Payroll taxes due but unpaid	\$ <u>0</u>

**STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS**

Name of Creditor/ Lessor	Date regular payment is due	Amount of Regular Payment	Number of Payments Delinquent*	Amount of Payments Delinquent*
ABC Bank	1st		0 post filing	
Wells Fargo	1st		0 post filing	

\* Include only post-petition payments.

IN THE UNITED STATES BANKRUPTCY COURT  
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CASE NO.: 17-09908

FOR MONTH ENDING 3/28 - 3/31, 2017

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance	\$ <u>0</u>			
Add: sales on account	\$ <u>0</u>			
Less: collections	\$ <u>0</u>			
End of month balance	\$ <u>0</u>			
0-30 Days	31-60 Days	61-90 Days	Over 90 Days	End of Month TOTAL
\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

Beginning of month balance	\$ <u>0</u>			
Add: credit extended	\$ <u>0</u>			
Less: payments of account	\$ <u>0</u>			
End of month balance	\$ <u>0</u>			
0-30 Days	31-60 Days	61-90 Days	Over 90 Days	End of Month TOTAL
\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE SCHEDULE AND FILE WITH THIS REPORT

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CASE NAME: Boulos Estafanous

CASE NO.: 17-09908

FOR MONTH ENDING 3/29 - 3/31, 2017

**TAX QUESTIONNAIRE**

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- |                                |   |                                 |
|--------------------------------|---|---------------------------------|
| 1. Federal Income Taxes        | Yes ( <input checked="" type="checkbox"/> ) | No ( <input type="checkbox"/> ) |
| 2. FICA withholdings           | Yes ( <input checked="" type="checkbox"/> ) | No ( <input type="checkbox"/> ) |
| 3. Employee's withholdings     | Yes ( <input checked="" type="checkbox"/> ) | No ( <input type="checkbox"/> ) |
| 4. Employer's FICA             | Yes ( <input checked="" type="checkbox"/> ) | No ( <input type="checkbox"/> ) |
| 5. Federal Unemployment Taxes  | Yes ( <input checked="" type="checkbox"/> ) | No ( <input type="checkbox"/> ) |
| 6. State Income Tax            | Yes ( <input checked="" type="checkbox"/> ) | No ( <input type="checkbox"/> ) |
| 7. State Employee withholdings | Yes ( <input checked="" type="checkbox"/> ) | No ( <input type="checkbox"/> ) |
| 8. All other state taxes       | Yes ( <input checked="" type="checkbox"/> ) | No ( <input type="checkbox"/> ) |

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

Form 6123 (Rev. 06-97)	Department of the Treasury-Internal Revenue Service <b>Verification of Fiduciary's Federal Tax Deposit</b>	
<b>Do not attach this Notice to your Return</b>		
<b>TO</b>	District Director, Internal revenue Service Attn: Chief, Special Procedures Function	
<b>FROM:</b>	Name of Taxpayer	Taxpayer Address
The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court (complete sections 1 and/or 2 as appropriate):		
<b>Section 1</b>  Taxes Reported on Form 941, Employer=s Quarterly Federal Tax Return	<b>Form 941 Federal Tax Deposit (FTD) Information</b>  For the payroll period from _____ to _____  Payroll date _____ N/A Gross wages paid to employees\$ _____ Income tax withheld\$ _____ Social Security (Employer's plus Employee's share of Social Security Tax) \$ _____ Tax Deposited \$ _____ Date Deposited	
<b>Section 2</b>  Taxes Reported on Form 940, Employer=s Annual Federal Unemployment Tax Return	<b>Form 940 Federal Tax Deposit (FTD) Information</b>  For the payroll period from _____ to _____  Gross wages paid to employees \$ _____ N/A Tax Deposited \$ _____ Date Deposited	
<b>Certification</b> <b>(Certification is limited to receipt or electronic transmittal of deposit only)</b> This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer=s Tax Guide (Publication 15)		
Deposit Method (check box)	9 Form 8109/8109B Federal Tax Deposit (FTD) coupon 9 Electronic Federal Tax Payment System (EFTPS) Deposit	
Amount (Form 941)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:
Amount (Form 940)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:
Depositor=s Employer Identification Number:	Name and Address of Bank	
Under penalties of perjury, I certify that the above federal tax deposit information is true and correct		
Signed: April 25, 2017	Date:	
Name and Title (print or type)		

**IN THE UNITED STATES BANKRUPTCY COURT  
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CASE NO.: 17-09908

FOR MONTH ENDING 3/29 - 3/31, 2017

**INSURANCE QUESTIONNAIRE**

Debtors in possession and trustees are required to maintain appropriate insurance on property of the estate to avoid risk to the estate or to the public. See 11 U.S.C. §§ 1107(a) and 1112(b)(4)(C).

1. For each policy of insurance maintained by the debtor in possession as of the Petition Date, state the following (*provide certificates of insurance for each policy if not already provided*):

Carrier	Policy No.	Coverage Type	Policy Expiration Date	Cancellation Date, if applicable*
American Family	12BN-3759-01	Homeowners	10/22/2017	
American Family	12-XK-1466-02	Commercial	6/1/2017	
American Famnily	20-D-430-2291-02	Automobile	6/1/2017	

\*If a policy was cancelled for any reason during the reporting period, identify the reason for cancellation (i.e., non-payment, sale of asset, abandonment, etc.).

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2. Have all required insurance premium payments during the reporting period been made? If not, identify the policy for which premiums have not been paid, the amount due, and reason for non-payment (attach separate sheet if necessary).

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3. Has the debtor/trustee received notice from any insurer during the reporting period that a policy of insurance is subject to cancellation or non-renewal? If so, identify the carrier, coverage type and basis for potential cancellation or non-renewal (attach separate sheet if necessary).

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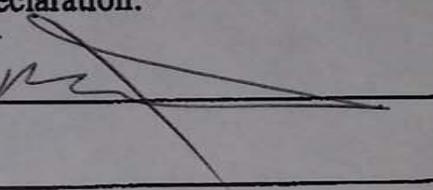
**DECLARATION UNDER PENALTY OF PERJURY**

I, Boulos Estafanos, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.

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For the Debtor In Possession (Trustee)

Print or type name and capacity of person signing this Declaration:

Boulos Estafanos 

Debtot in Possession

DATED: 4/25/2017